

**FOR OFFICE USE ONLY**

Approved: ☐ Yes ☐ No
Date: _____ Initials: _____
Permit Number: BA- _____
Date Issued/Renewed: _____
Fee Paid: ☐ Check # _____

Utah Department of Health Permit Application

Request of Authorization to Withdraw Blood for Alcoholic or Drug Content
Determinations when requested by a Peace Officer, and / or for DNA analysis

NOTE: For use by individuals other than physicians, registered nurses, practical nurses and paramedics.

| | | |
|--------------------------|-----------------------|---------------|
| Applicant Name: | | Phone: |
| Ship Permit to: | | |
| Name | | |
| Address: | | |
| City | State | Zip: |
| Email: | | |
| Present Employer: | | |
| Employer | | |
| Address | | |
| City | State | Zip |
| Supervisor | Position/Title | |
| Duties | | |

☐ Full Time ☐ Part time Hours per Week: _____

Fees: A fee of \$35.00 for each permit must be included with the application. Make Checks payable to: **Utah Public Health Laboratories**

Check one of the following:

☐ **New Application** (please fill out the Qualification requirements found on the attached pages)
~~~~~ **OR** ~~~~~  
☐ **Renewal** (Please fill out this page only)

**I certify that I have performed blood withdrawal procedures during the current permit period.**

\_\_\_\_\_  
Signature Date

Or, enclose a certificate signed by a physician attesting to my competence to perform blood withdrawal procedures.

Please mail application to: **UDOH – Lab Certification**  
**ATTN: Blood Alcohol Permits – Cathy Mitchell**  
**4431 South 2700 West**  
**Taylorsville, Utah 84129**  
**801-965-2588 fax 801-965-2544**

## Qualification Requirements

**This form must be filled out and signed if this is the first time you have applied for a Blood Draw Permit**

Pursuant to Section 26-1-30(2)(s), Utah Code Annotated 1953, as amended, individuals other than physicians, registered nurses, practical nurses or paramedics, shall meet one of the following requirements as prerequisite for authorization to withdraw blood for the purpose of determining its alcoholic or drug content when requested to do so by a peace officer:

| MET | NOT MET |                                                                                                                                                                                                                                                    |
|-----|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |         | A. Training in blood withdrawal procedures (venipuncture) obtained as a defined part of a successfully completed college or university course taken for credit                                                                                     |
|     |         |                                                                                                                                                                                                                                                    |
|     |         | B. Training in blood withdraw procedures (venipuncture) obtained as a defined part of a successfully completed training course which prepares individuals to function in routine clinical or emergency medical situations                          |
|     |         |                                                                                                                                                                                                                                                    |
|     |         | C. Training of no less than three weeks duration in blood withdrawal procedures (venipuncture) under the guidance of a licensed physician. <i>Enclosed is a certificate signed by a licensed physician attesting to my training and competence</i> |
|     |         |                                                                                                                                                                                                                                                    |

**I certify that all of the statements made in this form are true, complete and correct to the best of my knowledge and belief that are made in good faith.**

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**Applicant Signature**

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**Date**

# Qualification Requirements for Blood Alcohol Permits

## Education

| Name of Institution | Attended |    | Major | Degree/Diploma/Certificate<br>Month/Year Conferred |
|---------------------|----------|----|-------|----------------------------------------------------|
|                     | From     | To |       |                                                    |
|                     |          |    |       |                                                    |
|                     |          |    |       |                                                    |
|                     |          |    |       |                                                    |

## License, Certification or Registration (Must include a copy with this application)

| Name of Granting Agency | Licensure/Certificate/<br>Registration/Title | Granted |      | License/Certificate/<br>Registration Number |
|-------------------------|----------------------------------------------|---------|------|---------------------------------------------|
|                         |                                              | Month   | Year |                                             |
|                         |                                              |         |      |                                             |
|                         |                                              |         |      |                                             |
|                         |                                              |         |      |                                             |

## Experience

| Place of Employment | From | To |
|---------------------|------|----|
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |
|                     |      |    |

**I certify that all of the statements made in this form are true, complete and correct to the best of my knowledge and belief that are made in good faith.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**